SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 1 Revised

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland	
-----------------	--

A. INCOME ELIGIBILITY LEVELS - CATEGORICALLY NEEDY

Number of Persons in Assistance Unit	AFDC Payment Level	Standard of Need
1	165	229
2	292	404
3	373	517
4	450	623
5	521	721
6	573	793
7	645	893
8 .	709	981
9	766	1,060
10	826	1,143
11	886	1,226
12	946	1,309
13	1,004	1,389
14	1,063	1,471
15	1,124	1,556
16	1,184	1,638
Each Additional Person Over 16 Persons	61	85

TN No. 15-2	OCT 1 4 1994		~*****		
Supersedes	Approval Date	Effective Date	JUL	0 1	1234
TV Vo	4 < 1				

SUPPLEMENT 1 TO ATTACHMENT 2.6A Page 2

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

INCOME ELIGIBILITY LEVELS

- A. MANDATORY CATEGORICALLY NEEDY (Continued)
 - 2. For pregnant women and infants under Section 1902(a)(10)(i)(IV) of the Act, the income eligibility level is 185% of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 3. For children under Section 1902(a)(10)(i)(VI) of the Act (children who have attained age 1 but have not attained age 6), the income eligibility level is 133 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.
 - 4. For children under Section 1902 (a)(10)(i)(VII) of the Act (children who were born after September 30, 1983 and have attained age 6 but have not attained age 19), the income eligibility level is 100 percent of the Federal poverty level (as revised annually in the Federal Register) for the size family involved.

TN No. 93-13 JUN 0 4 1993
Supersedes Approval Date ____ Effective Date JAN 0 1 1993
TN No. 93-1

	State:	Maryland	
		INCOME ELIGIBILITY LE	EVELS (Continued)
	PTIONAL CATE OVERTY LEVEL		ITH INCOMES RELATED TO FEDERAL
1.	. <u>Pregnant W</u>	omen and Infants	
	pregnant w	omen and infants under the	eligibility for optional groups of he provisions of sections 2) of the Act are as follows:
	Based on _ (no less t	percent of the offi han 133 percent and no mo	icial Federal income poverty level ore than 185 percent).
	<u>F</u>	amily Size	Income Level
		1	\$
			\$
	•	3	\$
			\$
	•	5	\$
			•
	90 11	1111 05 1	999
Supers		Approval Date	Effective Date
TN No.			HCFA ID: 7985E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Revision: HCFA-PM-91-4 (BPD) AUGUST 1991 SUPPLEMENT 1 TO ATTACHMENT 2.6-A Page 3 OMB No.: 0938-

Revision:

HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 3a

OMB No.: 0938-

OT 4	~-	D: 4		4410.00	~1~1					0-0110171	
SIA	11	PLA	NN I	JNDFR	11111	XIX	()	IHE	SOCIAL	SECURITY	ACT

State: _	Maryland	
	INCOME ELIGIBILITYI EVELS (continued)	

2. Individuals who are in institutions for at least 30 consecutive days and who are described at 42 CFR 435.236, 1902(a)(10)(A)(ii)(V) of the Act are eligible under a special income level equal to 300 percent of the Supplemental Security Income payment standard.

TN No. 99-4
Supersedes Approval Date APR () Supersedes HCFA ID: 7985E

Revision: HCFA-PM-87-4 MARCH 1987 Page 4 OMB No.: 0938-0193 STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT State: Maryland C. INCOME ELIGIBILITY LEVELS - OPTIONAL GROUP OF QUALIFIED MEDICARE BENEFICIARIES WITH INCOMES UP TO FEDERAL POVERTY LINE The levels for determining income eligibility for groups of qualified Medicare beneficiaries under the provisions of section 1905(p)(2)(A) of the Act are as follows:

Based on _____ percent of the official Federal nonfarm income poverty line:

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

(BERC)

TN No. 88-1 Supersedes Effective Date Approval Date TN No.

HCFA ID: 1038P/0015P

STATE PLAN UNDER TITLE XIX OF THE SOCIAL S	SECURITY ACT
State: Maryland	
INCOME ELIGIBILITY LEVELS (Continu	red)
3. Aged and Disabled Individuals	
The levels for determining income eligibility f disabled individuals under the provisions of se Act are as follows:	or groups of aged and ction 1902(m)(4) of the
Based on percent of the official Federal	income poverty line.
Family Size	Income Level
	\$
	\$
3	\$
4	\$
5	\$

If an individual receives a title II benefit, any amount attributable to the most recent increase in the monthly insurance benefit as a resultofa title II COLA is not counted as income during a "transition period" beginning with January, when the title II benefit for December is received, and ending with the last day of the month following the month of publication of the revised annual Federal poverty level.

For individuals with title II income, the revised poverty levels are not effective until the first day of the month following the end of the transition period.

For individuals not receiving title II income, the revised poverty levels are effective no later than the beginning of the month following the date of publication.

	CED 1 6 1992	361_01 1992
TN No. 93-1 Supersedes	Approval Date P16 1992	Effective Date
Supersedes TN No. <u>92</u> -//	pprovar bace	Effective bacc

HCFA ID: 7985E

		AUGUST	1991	,	Page OMB	6 No.:	0938-		
		STATE	PLAN U	JNDER TITLE XI	X OF THE	SOCIAL	SECURITY	ACT	
		State:							
			INCO	ME ELIGIBILIT	Y LEVELS	(Conti	nued)		
с.	QUALII LEVEL	FIED MED	ICARE B	ENEFICIARIES W	ITH INCOM	ES REL	ATED TO F	EDERAL P	OVERTY
	Medica	evels for are bener ct are as	ficiari	mining income es under the p ws:	eligibili rovisions	ty for of se	groups o	f qualif 5(p)(2)(ied A) of
1.	NON-SI	ECTION 19	902(f)	STATES					
a.	level	:		ng percent of	_				_
	Eff. 3	Jan. 1, 1	1989:	📈 85 percent		p	ercent (n	o more t	han 100)
	Eff. 3	Jan. 1, 1	1990:	X/ 90 percent	<i>二</i>	p	ercent (n	o more t	han 100)
				100 percent				-	
	Eff. 3	Jan. 1, 1	1992:	100 percent					
b.	Levels	3:							
		Fa	mily S	ize	Income	Levels			
			$\frac{1}{2}$		\$ 6,970 \$ 9,430				
TN N	io.	93-22	Approv	al Date 28	1993	Fffer	tive Date	JAN	01 199 3
TN 1	ersede:	92-11	pprov	Duco <u> p -</u>		FILEC	JATE Date		

Supersedes TN No. 92-11

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

HCFA ID: 7985E

Revision: HCFA-PM-91-4 (BPD)

No	•			HCFA ID:	7985E	
persedes	Approval	Date		Effective		
No. 92-	11	- JUN (; 5 1992		VCM	1 1986
	• •	::::				
		<i>;</i>		•		
		* жен.				
				•		
		•				
			•			
	2		\$			
	1		\$			
TeAGI2:	Family Size		Income Le	evels		
Levels:						
DIL. Oun	,	F-1				
	. 1, 1992: 100		<i>L</i> '	pozooni	. 1.10 2.00	
	1, 1990: <u>_</u> /					
	1, 1990: 7					
Eff. Jan	1, 1989:/	80 percent	17	percent	(no more	than 100)
Based on level:	the following	percent of the	he officia	l Federal	income pov	rerty
MORE REST	TRICTIVE THAN S	<u>SI</u>				
SECTION	902(f) STATES	WHICH AS OF	January 1,	1987 USEL	INCOME ST	ANDARDS
LEVEL						
OUALIFIE	MEDICARE BENE	•			O FEDERAL	POVERTY
		ELIGIBILITY	LEVELS (C	ontinued)		
	ite:Maryl	•				
	STATE PLAN UNDE	צוצ קוחות פי			ITY ACT	
ision: HO	CFA-PM-91-4 GUST 1991		Page 7) -).: 0938-		

.

Revision:

HCFA-PM-91-4 (BPD)

August 1991

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

1 Page 8

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

X	Applicable t	to all groups.		Applicable to all gr those specified belo group income levels listed on an attached	w. Excepted s are also
(1)		(2)	(3)	(4)	(5)
Family Size	prot	income level lected for ntenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.100	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.100
	urban only urban & rura				
	·	350	\$	\$	\$\$
<u>1</u> <u>2</u>	·	350 392	\$ \$	\$ \$	\$ \$
	·	350	\$ \$ \$	\$ \$ \$	\$ \$ \$

Revision:

D.

HCFA-PM-91-4 (BPD)

August 1991

MEDICALLY NEEDY

urban only

urban & rural

(1)

Family

Size

For each

SUPPLEMENT 1 TO ATTACHMENT 2.6-A

Page 9

OMB No.: 0938-

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: Maryland

	INCOME LEVELS (con	ntinued)	
EEDY			
(2)	(3)	(4)	(5)
Net income level protected for maintenance for months	Amount by which Column (2) exceeds limits specified in 42 CFR 435.100	Net income level for persons living in rural areas for months	Amount by which Column (4) exceeds limits specified in 42 CFR 435.100
ly rural			
521		\$	_\$

_ 5	\$	521	\$	\$ \$	
_6	\$	573	\$	\$ s	
7	\$	645	\$	\$ \$	
8	\$\$	709	\$\$	\$ \$	
9	\$	766	\$\$	\$ \$	
10	\$	826	\$	\$ \$	

dditional				
erson add:	61			
1.'	The agency has methods for exc	luding from its claim fo	or FFP payments made	e on behalf of individuals who
	income exceeds these limits.			

	1	
N No. 95-3	007	
ipersedes	Approval Date CT 1 4 1994	Effective 1
N No 14-1		HCFA ID

: 7985E